

RYGB: management in case of insufficient primary response

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Disclosures

Advisory board-

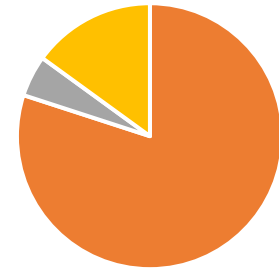
Johnson & Johnson, NovoNordisk

Education activities-

Johnson & Johnson, NovoNordisk, Sandoz

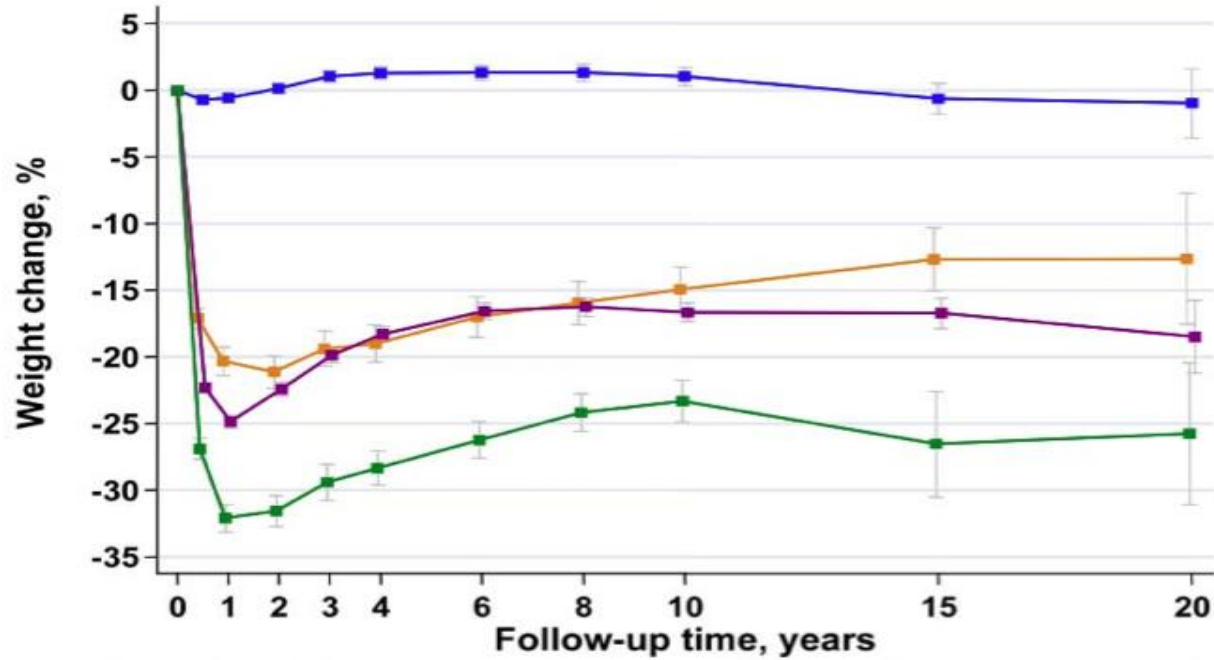
Reimbursement to my academic institution

Case mix



RYGB SG Revisions

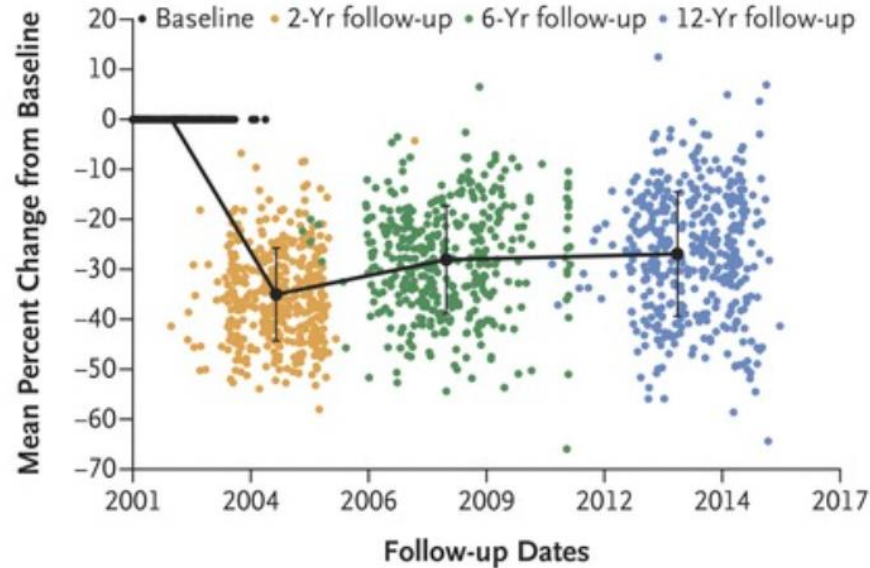
SOS- Swedish Obese Subjects study



| | Control | Banding | VBG | GBP |
|--------------|----------------|----------------|------------|------------|
| No. Examined | 2037 | 376 | 1369 | 265 |
| Control | 1490 | 333 | 1086 | 209 |
| Banding | 1242 | 284 | 987 | 184 |
| VBG | 1260 | 281 | 1006 | 179 |
| GBP | 537 | 136 | 446 | 36 |
| | 154 | 35 | 69 | 13 |

Roux-en-Y gastric bypass

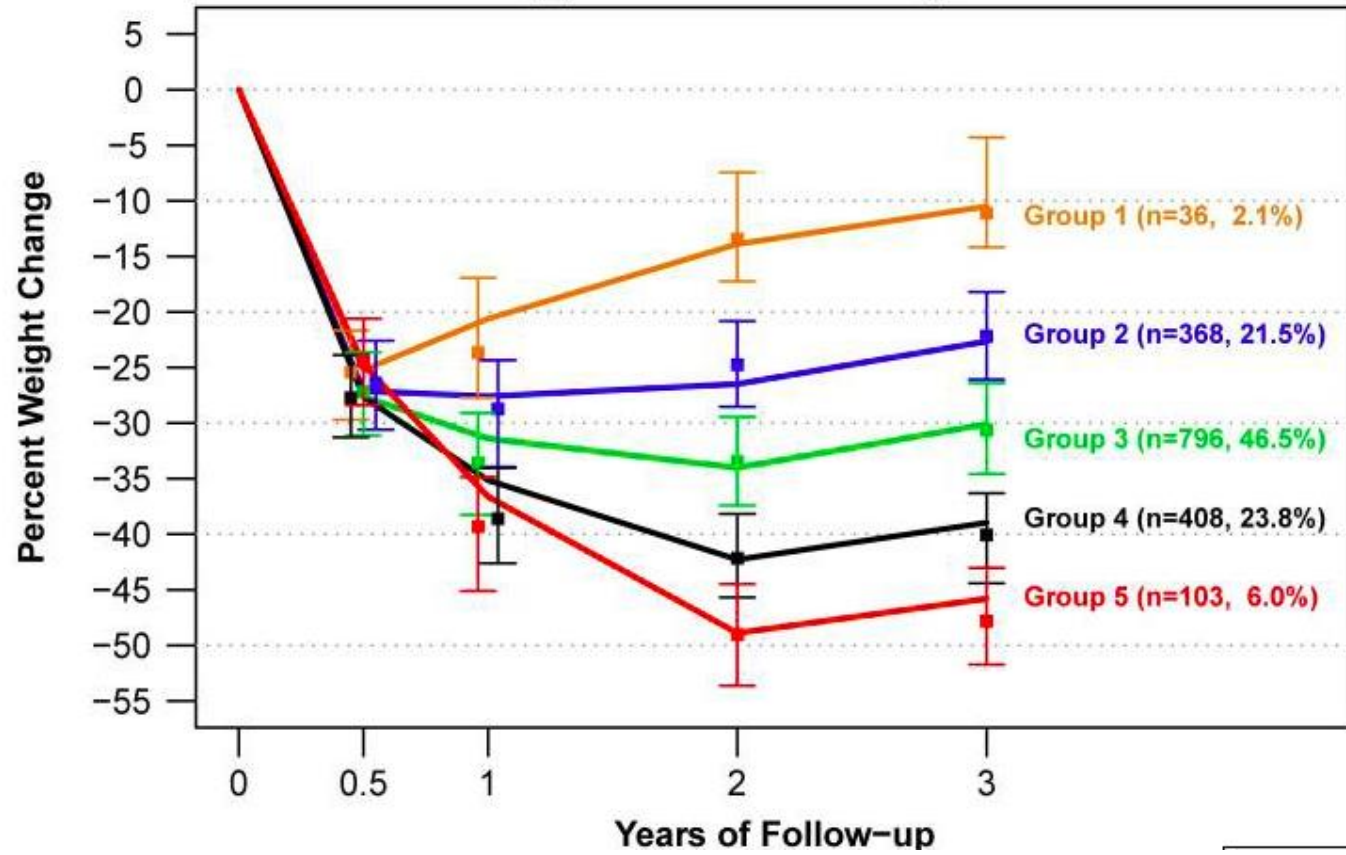
A Mean Percent Change in Body Weight from Baseline to Years 2, 6, and 12 in the Surgery Group



98% F/U at 12y
28% TBWL
93% >10%WL

| No. of Patients | Baseline | 2 Yr | 6 Yr | 12 Yr |
|-----------------|----------|------|------|-------|
| Surgery group | 418 | 409 | 379 | 387 |
| Deaths | — | 3 | 9 | 14 |
| Total | 418 | 412 | 388 | 401 |

(a) Roux-en-Y Gastric Bypass



Important clinical information

- Is it primary or secondary non-response?
- Postprandial pain or vomiting?
- Eating too little?
- Hypoglycaemia symptoms?

+ X-ray: upper GI series

Abdominal pain and/or vomiting are
NOT normal after RYGB!



Dumping

- Part of the mechanism of action
- **NOT** all the time
- Too fast, too much, too much sugar or fat
- Not a “complication”, patients appreciate

Early dumping syndrome is not a complication but a desirable feature of Roux-en-Y gastric bypass surgery.
Laurenus A, Engström M. *Clin Obes.* 2016 Oct.

Obesity Surgery

<https://doi.org/10.1007/s11695-021-05686-2>



ORIGINAL CONTRIBUTIONS



The Jejunojejunostomy: an Achilles Heel of the Roux-en-Y Gastric Bypass Construction

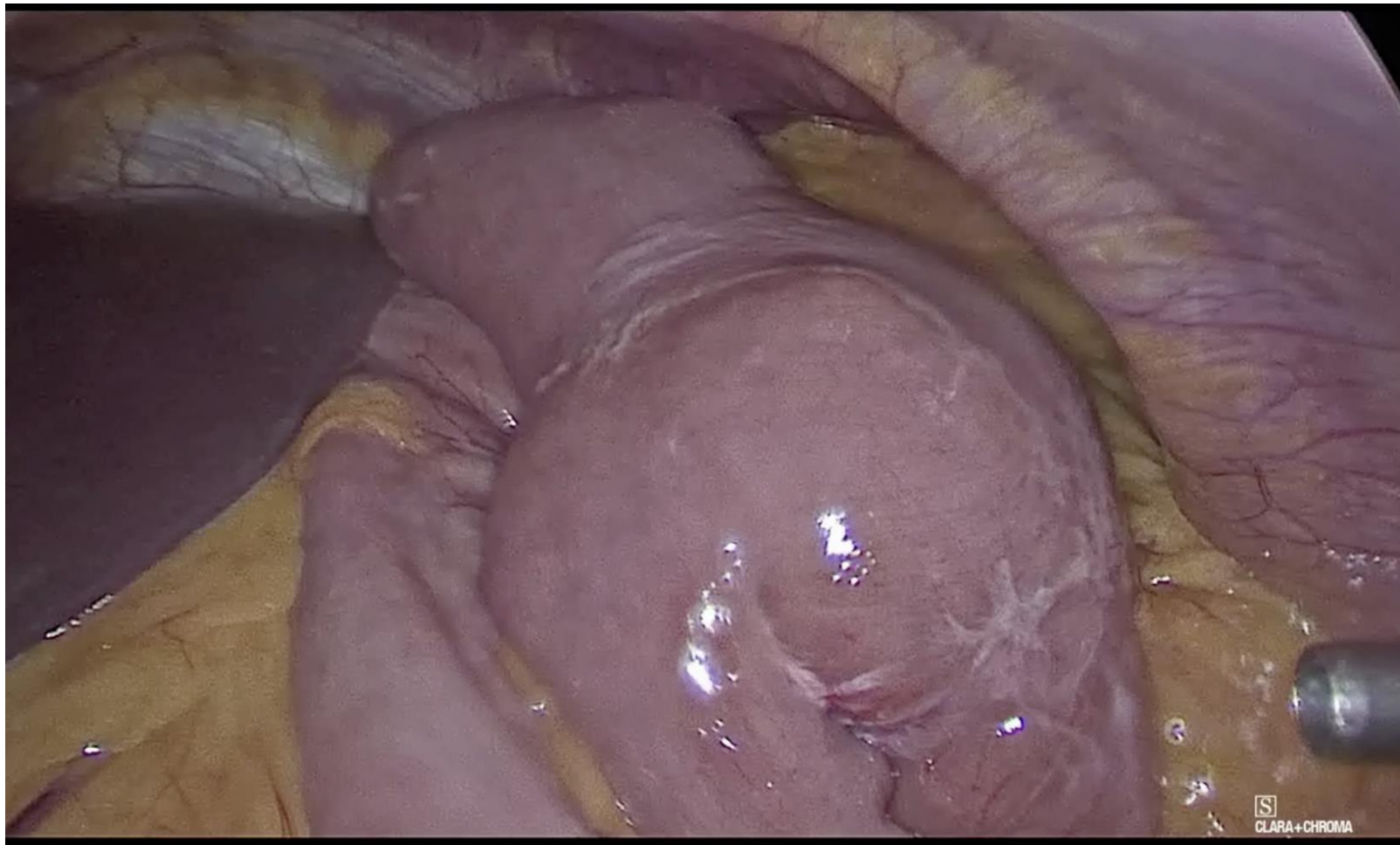
Suzanne Hedberg^{1,2}  · Yao Xiao¹ · Adam Klasson¹ · Almantas Maleckas^{1,3} · Mikael Wirén^{4,5} · Anders Thorell^{4,5} · Anna Laurenus¹ · My Engström^{2,6} · Torsten Olbers^{1,7}



Dr Suzanne Hedberg,
MD, PhD

Symptoms when problem at EA (=JJ)

- Abdominal pain-
(5-10 min after meal, gradually subsiding, upper left quadrant)
- Postprandial nausea/retching
- Sometimes complex hypoglycaemia



Consider also

- Problems previously being being hidden by obesity?
- Loss of control eating
- Alcohol or other abuse

Minor adjustments (resection of pouch size, lengthening of limbs) have limited effect

Adjunctive liraglutide treatment in patients with persistent or recurrent type 2 diabetes after metabolic surgery (GRAVITAS): a randomised, double-blind, placebo-controlled trial



Alexander Dimitri Miras, Belén Pérez-Pevida*, Madhawi Aldhwayan, Anna Kamocka, Emma Rose McGlone, Werd Al-Najim, Harvinder Chahal, Rachel L Batterham, Barbara McGowan, Omar Khan, Veronica Greener, Ahmed R Ahmed, Aviva Petrie, Samantha Scholtz, Stephen R Bloom, Tricia M Tan*

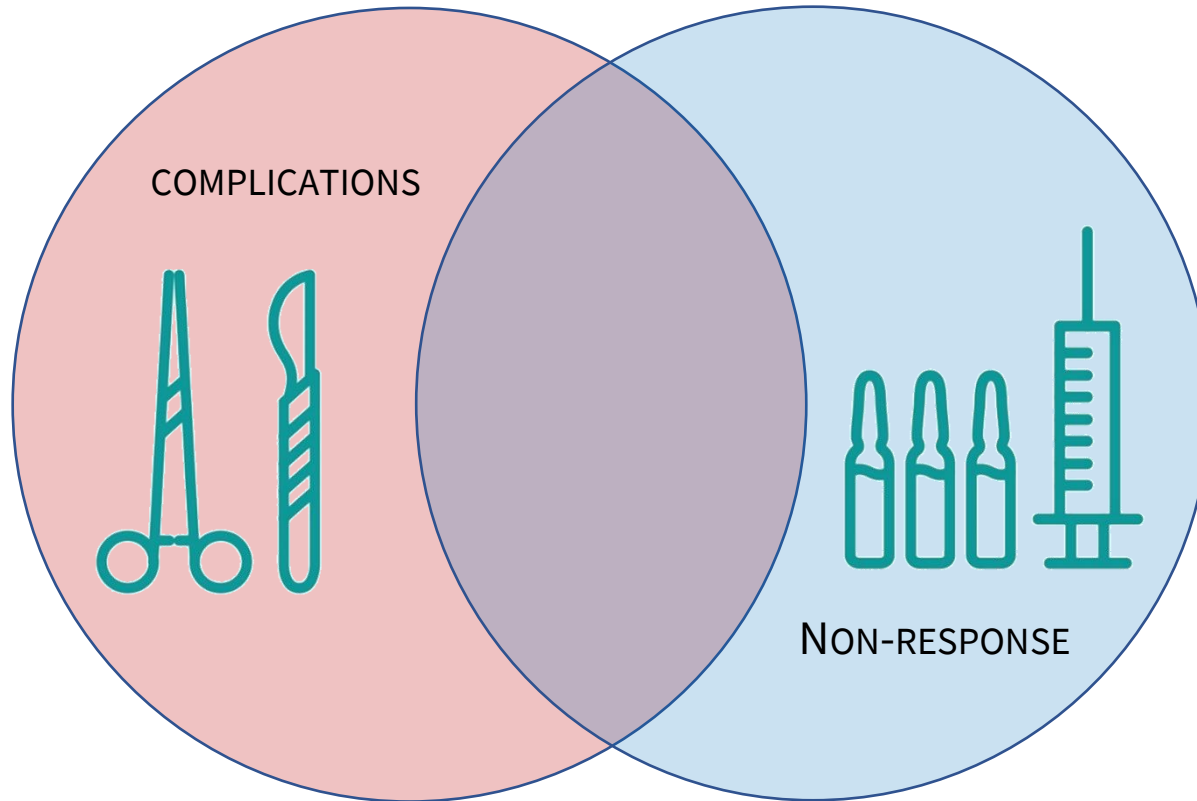
Improvements in T2D

JAMA Surgery | **Original Investigation**

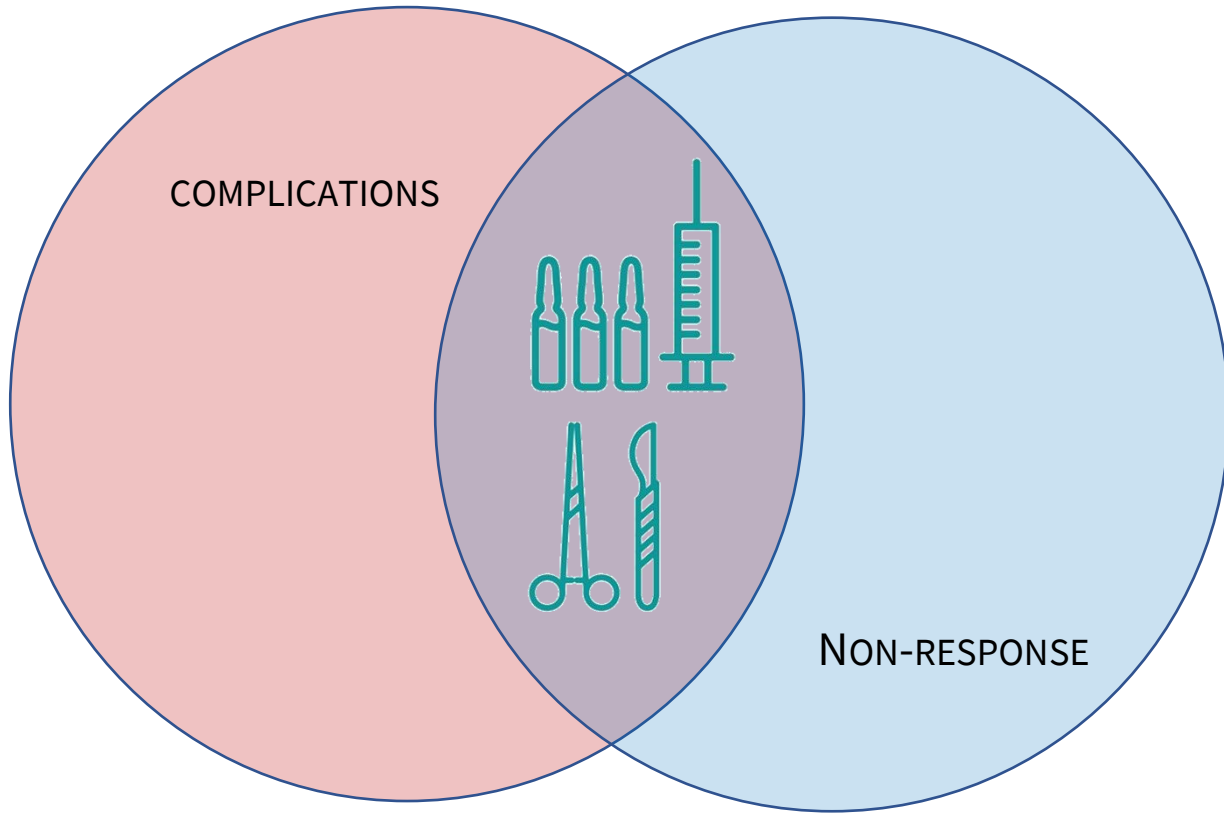
Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery The BARI-OPTIMISE Randomized Clinical Trial

Jessica Mok, BMBS, MPhil; Mariam O. Adeleke, PhD; Adrian Brown, PhD; Cormac G. Magee, MBBChir, MA; Chloe Firman, MRes; Christwishes Makahamadze, MRes; Friedrich C. Jassil, PhD; Parastou Marvasti, PhD; Alisia Carnemolla, PhD; Kalpana Devalia, MBBS, MS; Naim Fakih, MD; Mohamed Elkalaawy, MRCSEd, MS, MD; Andrea Pucci, MD, PhD; Andrew Jenkinson, MBBS, MS; Marco Adamo, MD; Rumana Z. Omar, PhD; Rachel L. Batterham, MBBS, PhD; Janine Makaronidis, MBChB, PhD

Similar weight loss as in non-operated



Courtesy of Dr Stephan Axer



Courtesy of Dr Stephan Axer

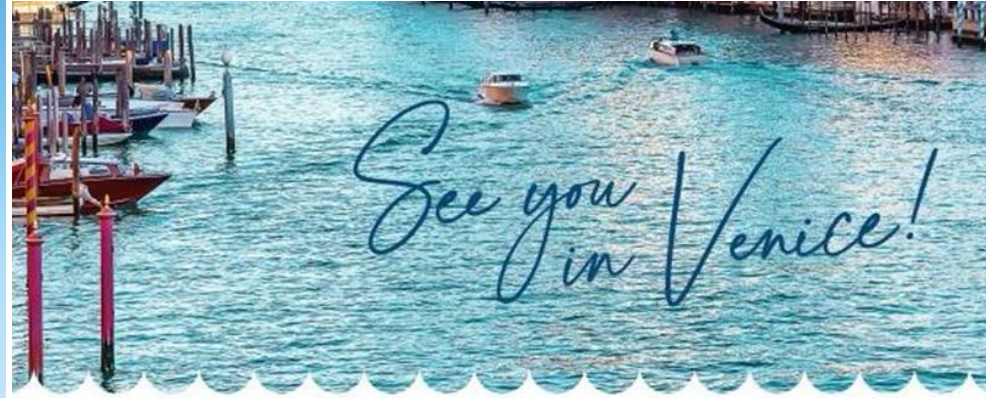
Conclusions

- **Expectation management before surgery!**
- Have a clear aim what is the indication (beside kg)
- Mental health will not improve long term after weight loss
- Consider adding Obesity Management Medication
- Further surgery (e.g, distal RYGB) is associated to:
 - Increased risk of surgical complications
 - Substantial risk of nutritional complications



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15-17 May 2025 | Venice, Italy



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